



YOUTH ALLIANCE FOR A HEALTHIER ALASKA

Application for the:
Youth Alliance for a Healthier Alaska

Application and materials must be received by: Monday April 26th, 2010

Name: _____ Date of Birth: _____
Address: _____
City, State, Zip _____
Race/Ethnicity _____ Gender: ☐ Male ☐ Female
School: _____

Year in School (2010-2011 school year):
☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Other _____

Home Phone: _____ Cell Phone: _____
E-mail Address: _____
Emergency Contact Name: _____
Emergency Contact Phone Number: _____

Meeting Attendance:

Attending meetings is mandatory. Will you be able to attend meetings in Anchorage or call in to a toll free telephone/video conference on the 1st Saturday of every month starting September 4th, 2010 (excluding vacation) from 12:00-2:00pm?

Please circle: Yes No

If no, why not? How often would you miss meetings? _____

How will you get to meetings? (for those in the Anchorage area ONLY- Please let us know if you need help) _____

Will you be available to meet in person in Anchorage for a full day on Saturday September 4th (all expenses paid)?

Please circle: Yes No

Please write, cartoon, draw, perform (and record), or creatively answer the questions below (You can attach up to one sheet or, if you chose to record send 3-5 minutes recordings for each question below.)

1. Why are you interested in serving on the Youth Alliance for Healthier Alaska?
(Example: interested in improving teen health)
2. What qualities and/or experiences do you have that would benefit the group?
(Example: speak more than one language, have experience with health issue, involved in state system, creative, etc.)
3. What are 2 issues that young people face that you feel need to be addressed and why?
4. What are three of your strengths that will be helpful to the committee? (ability to get along well with others, etc.)

Youth: By signing this I agree to participate in YAHA for one year, missing no more than two meetings. I will do my best to act as an ambassador for this committee (representing YAHA positively).

Youth Signature

Date

Parent/Guardian: My signature affirms that I am aware and supportive of my child's application to the Youth Alliance for a Healthier Alaska. I have read the one page informational flyer and I understand what will be expected of my child. I agree with his/her time commitment and transportation plan. I give my permission for photographs and videotape of my child to be used in Health Department publications. Parent comments:

Parent/Guardian Signature and telephone number

Date

Send application and letter of recommendation by Monday, April 26th (mail or fax)

Where: Sophie Wenzel, Youth Alliance for a Healthier Alaska

Alaska Division of Public Health

3601 C Street, Suite 310

Anchorage, AK 99503

Fax: 907 269-3465

Phone: 907 269-3466

Sophie.wenzel@alaska.gov

Letter of Recommendation

Name: _____

Relationship to Applicant: _____

(must be an adult other than the applicant's parent or guardian)

Please write a letter addressing the applicant's strengths and why he/she would be an asset to the Youth Alliance for Healthier Alaska, an advisory group of teens that gives input and feedback on policies and programs to the Alaska Division of Public Health on issues affecting teens such as substance abuse, violence, suicide, injury, teen pregnancy and nutrition & fitness.

Sponsoring Adult Signature

Telephone

Date